



The City of Lynchburg, Virginia

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PARKS AND RECREATION
DEPARTMENT

**ATTACHMENT 1
LYNCHBURG COMMUNITY MARKET
APPLICATION FOR STALL RENTAL TO SELL
PRODUCE, FARM PRODUCTS, HOMEMADE FOOD GOODS, or RESELL PRODUCE**

I hereby apply to sell at the Lynchburg Community Market.

Primary Seller _____

Other People Authorized To Sell Your Produce, Farm Products,
Homemade Food Goods at Your Stall

Business Name _____
(If applicable)

Mailing Address _____

Phone # (Home) _____ (Work) _____ (Cell) _____

E-Mail _____

Business License # _____ State Tax # _____

Agriculture Inspection Report # (if applicable) _____

1. Please check appropriate product category: () Locally Grown Produce
() Certified Virginia Grown () Re-Sell Produce () Home-Baked Goods
() Home- Produced Goods () Flowers/Plants

2. Please give a detailed description of the product(s) you propose to sell, price list (Please attach), your target market and how your business will complement the LCM market mix:

3. I currently sell at these locations (Circle and provide details)

On Farm/At Home/
Farm Stand _____

Other Public Markets: _____

Retail Outlets: _____

Fairs, Festivals _____

Other _____

4. If your product requires any special use of a booth space or additional needs to house your products, please describe: _____

5. I have previous been granted a permit to sell at the Lynchburg Community Market:
() Yes () No

If "Yes", give approximate date:

6. I understand that Vendors are required to operate on Saturdays from 7 AM to 2 PM. I understand that the LCM is also open Mon. – Fri. from 7 AM to 2 PM and that I may choose to sell any or all of these days. If you receive a stall, what other days, if any, do you plan to open your stall Mon. – Fri () Mon. () Tues. () Wed. () Thurs. () Fri.

7. I have read and agree to abide by all policies of the LCM as stated in the LCM Handbook. I certify that all of the information contained in this application is true and correct and that supplying false or misleading information is grounds for the termination of the applicant's lease.

Applicant Name (Please print legibly) _____

Applicant Signature _____

Date of Application _____

Market Manager Signature _____

Date Received by the LCM Manager _____